

Seabank House Care Home Service

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Type of inspection:
Unannounced

Completed on:
26 January 2026

Service provided by:
Seabank House Committee

Service provider number:
SP2003000020

Service no:
CS2003000249

About the service

Seabank House is a care home registered to provide support to 19 adults with physical and mental health needs. The provider is Seabank House Committee. At the time of inspection 17 people were living in the home.

Seabank House is located in the city centre and is a historic period building. The home comprises of several communal areas and individual bedrooms. There are shower rooms and toilets on each floor.

About the inspection

This was an unannounced inspection which took place on 19 and 20 January 2026. The inspection was carried out by one inspector from the Care Inspectorate.

To prepare for the inspection we reviewed information about this service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- spoke with four people using the service;
- spoke with six staff and management;
- observed practice and daily life;
- reviewed documents;
- spoke with visiting professionals.

Key messages

- People felt safe, and enjoyed good working relationships with staff.
- Recruitment of staff required improvement to ensure the safety of people.
- The environment required upgrading.
- Care planning processes accurately described the support outcomes for people.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	4 - Good
How good is our staff team?	3 - Adequate
How good is our setting?	3 - Adequate
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

Staff supported people with calm and respectful interactions, which created a relaxed atmosphere in the service. People told us; 'I get on with the staff, they help me with my cleaning', and 'I like to go for a walk in the park and to go for a coffee with them'. We observed staff working professionally with people; for example, during an episode of stressed behaviour, staff remained calm and spoke reassuringly, which supported the person to regain control.

People's support plans contained a good range of information, which accurately reflected their life history, support outcomes, and guidance for staff. These were reviewed once every month with people, to ensure they had opportunities to feedback or make changes if required.

There was good involvement from other external professionals also involved in people's support. This included involvement from GPs, district nurses and psychiatric services, which meant that the service worked well with other health partners to support good outcomes for people.

Medication systems were well managed, with regular monthly audits carried out to pick up any concerns or issues with recording and administration. We discussed with seniors that it would be helpful to develop 'as required' (PRN) protocols to support decision making, and to guide staff when considering the use of these medications. **(See area for improvement 1).**

A range of activities were available if people wanted to take part. This included arts and crafts, board games, pool, swimming and one to one activities with people's key workers. People told us, 'there are enough activities, if I wanted to do something, I would arrange something with my key worker', and 'all the staff are approachable and easy to talk to'. Some people told us that daily routines were repetitive, and that they would like to see more organised days out. We observed in resident meetings that people were asked for suggestions for outings, which were planned when the weather improved. We will monitor this area at our next inspection.

People were included in their views about menu planning during monthly resident meetings, and who told us; 'the food has generous portions, and you can get an alternative option if you let the cook know, but I like most things', and 'the food is first class; we have a meeting once a month where we can suggest things for the menu. The other day I asked the cook if he ever made chicken and leek soup as that was my favourite, and he made it for me a couple of days later'. This meant that people felt valued, and their preferences were considered.

Cleaning schedules were in place and completed to ensure that the service was clean and to protect people from infection. However, we found that some areas were not as clean as expected. For example, some areas were malodorous, and frequent touch points were dirty. **Please see requirement 1 in the section, 'How good is our Environment'.**

Areas for improvement

1. In order to ensure that people receive the right medication at the right time, and that staff are clear about when to administer as required (PRN) medications; the management team should develop individual PRN protocols for people which clearly set out the frequencies and circumstances of when to administer these medications.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS), which state that:

'Any treatment or intervention that I experience is safe and effective'. (HSCS 1.24).

How good is our leadership?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

The manager and seniors of the service were friendly and approachable; people told us, 'It's alright here, sometimes I clash with the seniors, but it's nothing major, and it's just because I get frustrated'. All the people we spoke to, told us they were happy with management and staff and could approach them if they had any concerns.

A range of audits were in place to monitor the performance of the service. These included regular audits on medication administration, support plans and cleaning audits. This information was fed back to staff during monthly meetings, to ensure that staff were aware of service updates, and their responsibilities to ensure that improvements for people were everyone's responsibility.

Staff received regular supervision, and had opportunities to discuss any concerns and for managers to feedback about any practice concerns. Seniors were about to begin observations of staff practice to formally monitor and feedback to staff. We will monitor this at our next inspection.

People and staff had opportunities to feedback to the service via staff and resident monthly meetings and six-monthly stakeholder questionnaires. Some staff told us that staff meetings could be improved with more positive feedback from managers, which we fed back to managers and will monitor at our next inspection.

Seniors were encouraged to take a leadership role in the service, and had specific areas of responsibility. This meant that staff were encouraged to develop their skills, and be actively involved in the development of the service.

The Care Inspectorate had not received some notifications as is required of all regulated services regarding some incidents. This was an outstanding area for improvement made at our last inspection, which we found was not met. We discussed these with the management team and have provided additional guidance to support improvement in this area.

See previous area for improvement 1 in the section, 'Outstanding areas for improvement.'

Managers had worked hard to ensure that a service improvement plan was in place. We found that some areas were not comprehensively covered in this plan such as concerns around the environment.

Please see requirement 1 in the section; 'How good is our environment'.

How good is our staff team?

3 - Adequate

We assessed this key question as adequate. An evaluation of adequate applies where there are some strengths, but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

People were supported to achieve their outcomes by a staff team who worked well together. People told us; 'All the staff are easy to talk to, if you ask them for anything, they will do it for you if at all possible', and 'I get on with all the staff, and they treat everyone fairly'. We observed some very good interactions with people, which created a relaxed and supportive atmosphere in the service.

Staff had not been recruited safely, or in accordance with current guidance; 'Safer recruitment through better recruitment'. We found that some staff had started employment at the service before all pre employment checks had been completed, or that 'right to work' checks on visas had not been carried out. For example; we found that visas had not been checked prior to employment, or that the conditions of these had not been followed. Checks such as ensuring that PVGs (protection of vulnerable group checks), which should have been received prior to employment, were completed after some staff had started in the service, which increased risk for people. **(See requirement 1).**

We observed that there were adequate numbers of staff to support people to achieve the outcomes stated within individual support plans. Daily routines were in place to support people with their daily chores, such as room cleaning, personal care, and one to one time to support with routine appointments, and social activities. During our inspection we found that there were good numbers of staff available to support people, and staff rotas confirmed staffing numbers for the service. The service had their own bank of staff available to support the team during annual leave or sickness, which ensured that adequate numbers of staff were available to support people.

Requirements

1. By 01 April 2026, in order to ensure the safety of people, the provider must ensure that staff are recruited through robust and safe recruitment procedures. To achieve this, the provider must carry out checks before new employees start work with the service.

This must include, but is not limited to:

- a) Maintain accurate and clear documentation of each stage of recruitment process.
- b) Overseas staff have Home Office right to work checks, and ongoing monitoring of these to ensure these are up to date and in line with any conditions.
- c) Carry out PVG/Disclosure checks prior to employment.
- d) That regular audits of staff onboarding are carried out to ensure that the above mentioned areas are consistently carried out and maintained.

This is in order to comply with: SSI 2011/210 Regulation 4 (1)(a), 9(1)(2) of the Social Care and Social

Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210)

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am confident that people who support and care for me have been appropriately and safely recruited'. (HSCS 4.24).

How good is our setting?

3 - Adequate

We assessed this key question as adequate. An evaluation of adequate applies where there are some strengths but these just outweigh weaknesses. Strengths may still have a positive impact but the likelihood of achieving positive experiences and outcomes for people is reduced significantly because key areas of performance need to improve.

The service provided individual bedroom areas for people to live in, which apart from one room did not provide ensuite facilities. This meant that bathrooms and toilets were communal areas for people to share. People using the service told us; 'The toilets are often out of order', and 'Some bathrooms are a bit stinky, I would prefer to have my own bathroom or sink in my room'. Some improvements to the service had recently taken place such as re-painting of the bannisters, and re-decoration of the smoking area, however, a number of areas required improvement.

Although most areas of maintenance were carried out in accordance with expected timescales, some areas were outstanding. For example, we found that some routine annual safety inspections were late or had not been carried out, such as water testing for legionella and routine water temperature testing, which increased risks for people. Fire logs had not been completed to reflect that new members of staff had completed essential fire safety training in the event of emergencies, and effective systems needed to be put in place to ensure that these checks were carried out and completed at the correct intervals. **(See requirement 1).**

Some areas required re-painting, such as doors and door surrounds to ensure that surfaces were able to be cleaned easily and to reduce the risk of infection. For example, we found that paintwork in many areas required to be refreshed and or cleaned, or that frequently touched areas such as light switches were not clean enough. **(See requirement 1).**

Some areas of the service were malodorous, such as one of the communal shower rooms, and a corridor leading to people's bedrooms. In addition, we found that one of the communal bathrooms did not have hand washing facilities such as soap and paper towels available, and the shower tray in this area was dirty and cracked. This meant that people were not supported or encouraged to maintain good hand hygiene to prevent the risk of infection to others living and working in the service, and that these areas were not clean enough. Cleaning was in progress during our inspection, and cleaning records were in place and signed off after completion of routine cleaning of these areas. However, we found that cleaning in some areas had not been completed to a good enough standard. **(See requirement 1).**

Requirements

1. By 01 April 2026, the provider must ensure that people experience a well maintained environment.

To do this the provider must:

- a) Ensure that routine and essential safety maintenance checks are carried and completed out at required intervals.
- b) Carry out a full environmental audit that identifies all the areas of maintenance/refurbishment and timescales for the work required.
- c) Where there are unavoidable delays in repairs or planned refurbishment / maintenance, there should be a risk assessment in place to ensure people's safety and comfort are maintained
- d) Develop an action plan that describes the works to be carried out, who is responsible and timescales for work.
- e) Ensure that cleaning records are completed accurately, and all areas are cleaned to a good standard to ensure people enjoy an environment free from intrusive smells.
- f) Share the action plan with the Care Inspectorate and update this at no less than 8 weekly intervals.

This is to comply with regulations 4 (1) (a) Welfare of Users of the Social Care and Social Work, Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience an environment that is well looked after with clean, tidy and well-maintained premises, furnishings and equipment'. (HSCS 5.24).

How well is our care and support planned?

4 - Good

We evaluated this key question as good where several strengths impacted positively on outcomes for people and clearly outweighed areas for improvement.

People told us; 'My key worker goes through my care plan with me every month and I also see my psychiatrist and CPN when I need to'. This meant that the service collaborated well with people and external professionals to ensure the best possible outcomes for people, and to ensure that support plans were regularly reviewed and up to date.

The service had worked hard to improve the quality of people's individual risk assessments. The information held in these documents provided clear information about relevant risks, and clear guidance to staff regarding people's support needs.

People received regular six-monthly reviews of their care and support, which provided opportunities for them and their representatives to feedback about the service and be involved in any changes required in people's support outcomes.

Legal information regarding people's treatment and their representatives were available in most support plans, such as Compulsory Treatment Orders (CTO's), Guardianship and Section 47 medical treatment orders. Where some of this information was missing, the service evidenced that they were in regular contact with external professionals to ensure this was made available as soon as possible. This meant that staff were

aware of the importance of having this information available, and who to contact when changes in support, or concerns were raised. We will continue to monitor this at our next inspection.

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To support continuous improvement, the provider should ensure the service improvement plan reflects the service delivery and identifies improvements detailing actions and outcomes.

This should include, but is not limited to, developing an overarching document to reflect all areas of improvement.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This area for improvement was made on 9 December 2024.

Action taken since then

The manager had developed an improvement plan which had set out some of the areas for improvement noted in this report. Audits to monitor support plans, medication and cleaning had been introduced, however, did not reflect all the areas relating to the environment that required improvement. We found a number of areas relating to the environment that had not been identified within the current improvement plan; however, we have dealt with this in section 4.1 of this report.

The two seniors of the service had worked hard to introduce additional checks on the service to monitor its effectiveness, including stakeholder questionnaires and an increase in resident six - monthly reviews. We have suggested a number of other areas with seniors to improve some areas, which we have confidence will be developed over the coming months and will continue to monitor at our next inspection.

This area for improvement is met.

Previous area for improvement 2

To ensure that people benefit from open and transparent leadership, the provider should, implement the guidance in the document 'Records that all registered care services (except childminding) must keep and guidance on notification reporting.' This is in order to keep the Care Inspectorate updated on important events.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11); and

'I use a service and organisation that are well led and managed' (HSCS 4.23).

This area for improvement was made on 9 December 2024.

Action taken since then

We found that notifications to the Care Inspectorate had increased since our last inspection, however, some concerns had not been reported as required. When discussing these with the manager of the service, it was evident that there was some misunderstanding of timescales for reporting of some incidents, or of the need to inform the Care Inspectorate. This included concerns such as staff misconduct issues, incidents involving external professionals and medication errors.

We have sent updated notification guidance to the manager and seniors of the service, and will continue to monitor this area at our next inspection.

This area for improvement is not met.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.3 People's health and wellbeing benefits from their care and support	4 - Good
How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good
How good is our staff team?	3 - Adequate
3.1 Staff have been recruited well	3 - Adequate
3.3 Staffing arrangements are right and staff work well together	4 - Good
How good is our setting?	3 - Adequate
4.1 People experience high quality facilities	3 - Adequate
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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